FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	II WAINE	~11 0 11			
		(See instruction	ns)			Office use only
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	Example: If to over the lines		12FE4M5	
NOVA CHEM	ICALS INC & NOV	A CHEMICALS	RVCS INC CO	MMITTEE FO	R POLITICAL	·
ADDRESS (number an	d street)	CORAOPOLIS	HEIGHTS ROA	AD		
(Check if add	dress		ш			
is changed)	MOC	N TOWNSHIP	шш		PA L	15108
COMMITTEE'S E-M	AIL ADDRESS		CITY▲		STATE▲	ZIP CODE ▲
masryp@nov	achem.com			1111	1111	
				11 1 1 1	1111	
COMMITTEE'S WEE	3 PAGE ADDRESS (U	RL)				
	111111			1111		
					1111	
COMMITTEE'S FAX	NUMBER					
با لبنا						
2. DATE M	M / D D / Y	2006				
3. FEC IDENTIFIC	ATION NUMBER		C C0033500	0		
4. IS THIS STATE	MENT X NEV	/ (N) OR	AM	MENDED (A)		
I certify that I have exar	nined this Statement and	to the best of my kno	wledge and belief i	t is true, correct an	d complete	
Type or Print Name of	f Treasurer	PATRICIA MASF	RY			
Signature of Treasure	er Electronically File	d by PATRICIA	MASRY		Date 12	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of t	alse, erroneous, or incor	nplete information ma			•	-
Office Use Only			Federal Toll Fre	ther information of Election Commiss e 800-424-9530 02-694-1100		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	<u>.</u>	
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	tion
	Membership Organization Trade Association Cooperative	

Page 3

Write or Type Committee Name

NOVA CHEMICALS INC & NOVA	CHEMICALS SRVCS INC	COMMITTEE FOR POLITIC	CAL ACTION &
FNGAGEMEN			

	ENGAGEMEN			
7.		by name, address, (phone number	optional), and position of the	e person in
	possession of Committee books	and records.		
	1			1
	Full Name			
	Mailing Address			
	Title or Position ▼	CITY A	STATE▲	ZIP CODE A
			Telephone number	
_	Traceurer Liet the name and a	ddress (phone number optional) of	the treasurer of the commit	too: and the
э.	name and address of any desig	nated agent (e.g., assistant treasure).	tee, and the
	Full Name			
	of Treasurer			
	Mailing Address			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE
			Telephone number	
	Full Name of			
	Designated			
	Agent			
	Mailing Address			
				_
	Title or Begities W	CITY A	CTATE A	ZIR CODE A
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
			Talanhana numb	
			Telephone number	

	FEC Form	1 02/2003)													Page 4																							
9.	Banks or Other I safety deposit box Name of Bank, De	ces or	main	tains		List Inds		bar	nks	or o	othe	er de	еро	sito	ries	in	wh	ich	the	co	mm	itte	e d	еро	sits	fur	nds	, ho	olds	ac	CCOI	unts	s, re	ents	3			
	Mailing Address																				1					1		1							<u></u>	_ <u>_</u>		_
	Mailing Address																																					
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